

## DEPARTMENT OF HEALTH AND HUMAN SERVICES

Licensure and Regulatory Services 255 Rockville Pike, 2nd Floor Rockville, Maryland 20850-2368 240-777-3986 Fax 240-777-3088

Website: www.montgomerycountymd.gov/mc/services/hhs/license

## TRANSIENT LODGING FACILITY LICENSE APPLICATION

Application is hereby made for a license to operate a Transient Lodging Facility in Montgomery County, Maryland TODAY'S DATE New □ (Please Print) Renewal Name of Facility: \_\_\_\_\_\_Phone #: \_\_\_\_\_\_include area code Address of Facility: Street Number and Street Name State Name of Owner: \_\_\_\_\_Phone #:\_\_\_\_\_include area code Email Address: Fax Telephone: Include area code Address of Owner: Street Number and Street Name Zip Code State Resident Manager:\_\_\_\_ Type of Facility (check one) Number of Guest Hostel (Hotel, Motel, Motor Court, etc.) Tourist Home Rooming House **Boarding House** Has any applicant been adjudged guilty of violating any of the following provisions of Article 27 of the Annotated Code of Maryland as amended: Sections 16 to 18 inclusive (bawdy houses and house of ill fame), Section 133 (disorderly houses), Sections 288 to 291 inclusive and Sections 296, 297, 300, 301 (gaming), Section 343 (illegal keeping of or sale of narcotics), Section 497 to 498 (opium joints), Section 128 (disturbance of the peace? ☐ Yes ■ No If the answer to any of the above is yes, please attach an explanation to this application. Note: New applicants must attach a current Use and Occupancy Permit and Fire Marshal approval. Fee Information: Please refer to Transient Fact Sheet Payment Method ☐ Cash ☐ Check ☐ Money Order ☐ Visa ☐ MasterCard Credit Card No:\_\_\_\_\_\_ Name on Card:\_\_\_\_\_ Submit completed application and application fee to Licensure and Regulatory Services, 255 Rockville Pike, 2nd Floor, Rockville, Maryland 20850. Payment can be made by check or money order, payable to "Montgomery County, Maryland" or on a Visa or Mastercard credit card or checking card. We are unable to accept cash payments. OFFICE USE ONLY Receipt Number: Date Issued: Date Expires: Amount Paid: Check/Money Order Number: \_\_\_\_ Amount Paid: Record Number: